

## Florida Department of State

P25000001137  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : GINN & PATROU, PA  
Account Number : I20190000124  
Phone : (904)461-3000  
Fax Number : (844)730-9828

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: registeredagent@ginnpatrou.com

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2025 JAN -7 AM 10:08

TALLAHASSEE

FLORIDA PROFIT/NON PROFIT CORPORATION  
Turn-Connect Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

25 JAN -7 AM 9:32

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SECRETARY OF STATE  
TALLAHASSEE

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: Turn-Connect Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

11441 Hamock Oaks Ct.Lithia, FL 32547**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Brad Schafer, President

Name and Title: \_\_\_\_\_

Address 11441 Hamock Oaks Ct.

Address: \_\_\_\_\_

Lithia, FL 32547

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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#250000070583

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Ginn & Patrou, PLLCAddress: 460 A1A Beach Blvd.St. Augustine, FL 32080**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Jonathan HermesAddress: 460 A1A Beach Blvd.St. Augustine, FL 32080**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: January 1, 2025 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*


  
Jonathan Hermes (Jan 6, 2025 17:25 EST)

Required Signature/Registered Agent

01/06/24

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Jonathan Hermes (Jan 6, 2025 17:25 EST)

Required Signature/Incorporator

01/06/24

Date

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